

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	04/07/2023 18:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2023 06:50 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5494E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TEE BENG CHRISTOPHER
NRIC No	SXXXX761B
Email Address	christopherkoh@rockmail.com
Mobile Phone No	(Phone) +65-91297179
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800075032-03

DRIVER

Name of Driver	KOH TEE BENG CHRISTOPHER
NRIC No	SXXXX761B
Date Of Birth	08/08/1966
Occupation	Indoor

Date Of Driving Pass	03/07/1995
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-91297179
Alt. Phone Number	-
Email Address	christopherkoh@rockmail.com
Address	BLK 223 LORONG 8 TOA PAYOH #02-751
Address complement	-
Postcode	310223
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230704/7065

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR8697Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH TEE BENG CHRISTOPHER
Gender	Male
Phone No	(Phone) +65-91297179
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMC5494E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

10:10am
04/07/2023
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

04/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMC 5494 E
B: SJR 8697 Z

Describe Circumstances of the Accident

My vehicle was in a straight position and vehicle (B) suddenly make a change lane and accidentally hit my vehicle left rear direction.


Police Report T/20230704/7065

Declaration

We declare the foregoing particulars are true in every respect.

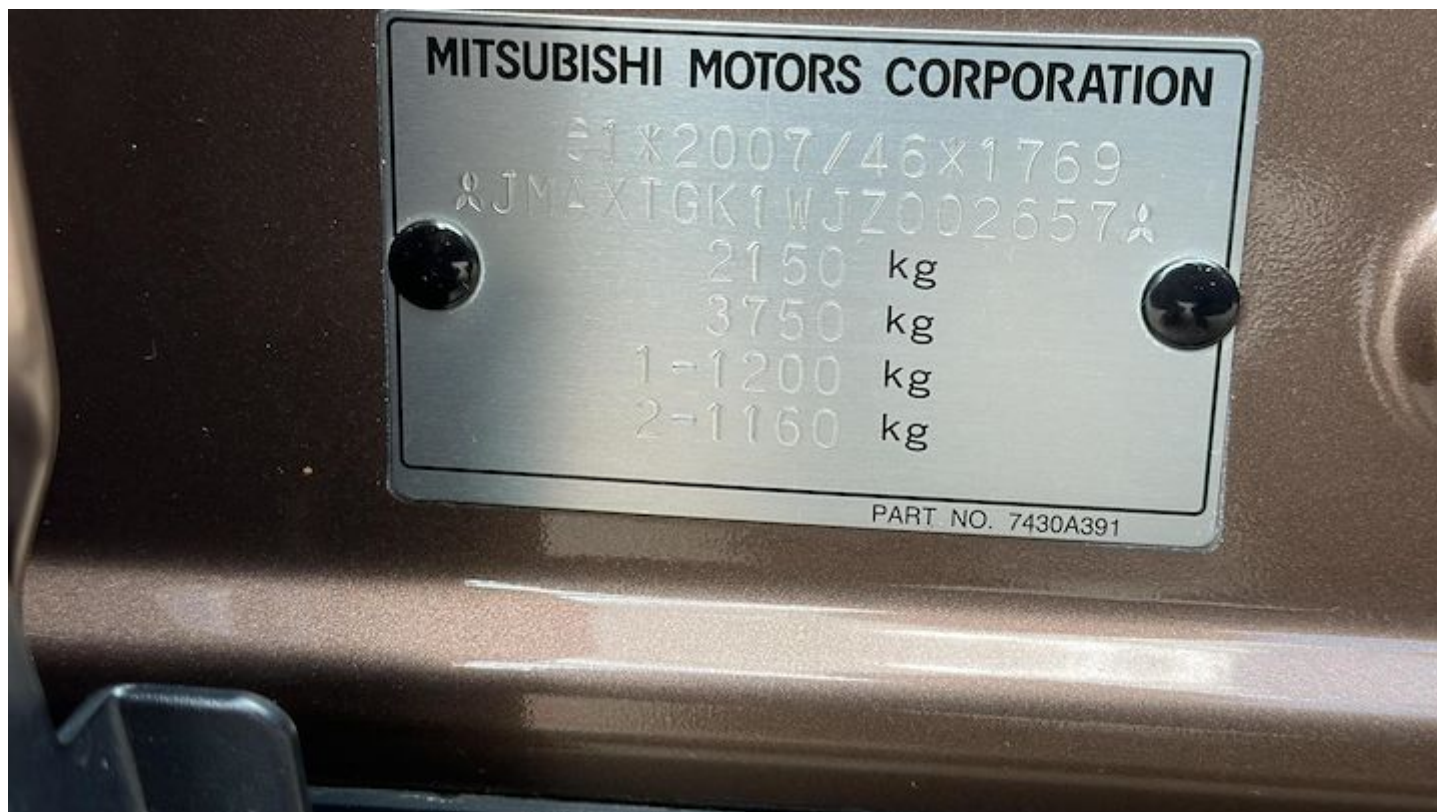

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20230704/7065

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20230704/7065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2023 17:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH TEE BENG CHRISTOPHER			Address: 223 LORONG 8 TOA PAYOH #02-751 SINGAPORE 310223		
ID Type / ID No.: NRIC NO / S1737761B			Contact No.: Home/Office: Mobile: 91297179		
Nationality: SINGAPORE CITIZEN			Email: CHRISTOPHERKOH@ROCKETMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 08/08/1966	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Construction manager			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2023 06:50	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR8697Z	Car		Honda	White	Slightly Damaged	0
SMC5494E	Car		Mitsubishi eclipse cross	Brown	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230704/7065

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230704/7065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC5494E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	180007532-03	09/07/2022	08/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK HWEE KOON SUSAN	ID No.	S0155848Z
Related Vehicle	SJR8697Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Vehicle Owner			
Name	KOH TEE BENG CHRISTOPHER	ID No.	S1737761B
Related Vehicle	SMC5494E (Car)	Contact No.	91297179
Hospital/Clinic	CHONG'S CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	04/07/2023	Date	04/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

My vehicle was in a straight position along Scotts road and vehicle SJR 8697Z suddenly make a change of lane and accidentally hit my vehicle left rear portion, after the accident I felt uncomfortable, so I went to see the Doctor at Chong's Clinic and was given 5 day MC.



**SINGAPORE
POLICE FORCE**



T/20230704/7065

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230704/7065

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/07/2023 17:33

Classification Of Case:

NP169